

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

42 CFR 430.12(b)

7.4 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long range program planning projections, and other periodic reports thereon, excluding periodic, statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not applicable. The Governor -

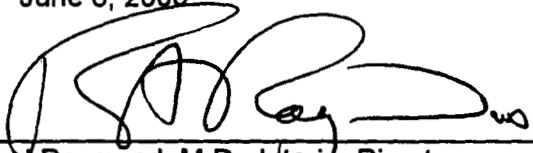
☒ Does not wish to review any plan material.

☐ Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Nebraska Department of Health and Human Services Finance and Support
(Designated Single State Agency)

Date: June 8, 2000



Richard Raymond, M.D., Interim Director
Department of Health and Human Services Finance and Support

- OR -



Robert J. Seiffert, Administrator
Medicaid Division

Transmittal No. MS-00-07

Supersedes

Approved

JUN 23 2000

Effective

JUN 08 2000

Transmittal No. MS-00-05